BIBLIOGRAPHICAL NOTICES.

Art. XIV.—*Surgical Anatomy.* By Joseph Maclise, Surgeon. With colored plates. Part third. Philadelphia: Lea & Blanchard, 1850.

The subscribers to this excellent work, and others interested in the study of surgical anatomy, will be pleased at the prompt republication of another number. It abounds in excellent drawings, as do its predecessors, and the commentary displays the same characteristics as those, viz., truthful descriptions simply unfolded.

The subject of hernia continues to occupy the author's attention in the present number, commencing where the preceding part closed, *i. e.*, with the fifth, sixth, seventh, and eighth layers of the inguinal region, and their connection with those of the thigh. The points which he chiefly dwells upon in the first chapter are, the true constitution of the cremaster muscle, and the formation of the inguinal canal.

"The dissection of the oblique or external and the direct or internal inguinal hernia" forms the subject of the author's comments on the 32d, 33d, and 34th plates. In this chapter, the grounds for the usually received nomenclature of the varieties of inguinal hernia are explained. From the relation of the protrusion to the epigastric vessels come its designations as "*internal*" and "*external*." The oblique direction of the inguinal canal gives to the hernia which traverses the latter the term "*oblique;*" this accident is also called "*indirect,*" from the indirect route by which the bowel at length reaches the external ring; while the "*direct*" hernia forces its way through this opening, on the inner side of the epigastric artery, without previously passing the internal ring. Again, the hernia is said to be "*incomplete*" when it does not manifest itself externally, being still lodged in the canal; it is called "*complete,*" on the contrary, when it presents itself as a tumour outside of the external ring, and "*scrotal*" when it has fairly descended into the scrotum. In commenting upon these forms of the same accident, Mr. Maclise points out distinctly the relative situations of the hernial mass, the epigastric vessels, and the spermatic cord—questions of great practical importance, as every one knows—and explains how the accident occurs more frequently in the male than in the female.

In connection with plates 35, 36, 37, and 38 is a chapter on the distinctive diagnosis between external and internal inguinal hernia, the taxis, the seat of stricture, and the operation. The author's observations on each of these points are interesting and sensible.

It is important, on many accounts, and a source of self-satisfaction, that the surgeon shall be able to distinguish the particular variety of inguinal hernia with which he has to contend, whether it be necessary to use the knife or not. And yet the characteristics of the different forms of inguinal hernia are more or less interchangeable, so that the term direct or oblique may not strictly apply to a particular case. "The nearer the one approaches the usual place of the other, the more likely are they to be mistaken the one for the other. An *internal* hernia may enter the inguinal canal and become oblique, while an *external* hernia, though occupying the canal, may become direct." Moreover, both forms of inguinal hernia may coexist at the same time and on the same side. And, again, a plurality of the same kind of hernia is sometimes met with upon one side. Sir Astley Cooper mentions such instances. In such cases as these, in which the ordinary condition of things is more or less widely departed from, the surgeon must mainly depend for a true diagnosis upon the relative situation of the spermatic cord and the testicle, and the epigastric artery to the hernial tumour. Mr. Maclise's remarks concerning such a difficulty may be consulted with advantage.

With reference to the seat of the stricture in inguinal hernia, his comments are quite full. In the case of an *external* inguinal protrusion, the difficulty may exist, he says, at the internal ring corresponding to the neck of the sac, or at the external ring. At these points, the stricture, though firm, is of a passive character, inasmuch as these apertures are devoid of any capability of exerting an active force upon the bowel; but between these points "the lower parts of the transversalis and internal oblique muscles embrace the herniary sac, and are known at times to be the cause of its active strangulation or spasm." The seat of stricture of an *internal* hernia may be either at the neck of its sac or at the external ring; but the nature of the strangulation will vary, he says, according to the locality at which the bowel enters the inguinal wall, whether it pass through a cleft in the conjoined tendon, or on the outer margin of this tendon, or close to the epigastric artery. When the stricture, in either variety of hernia, is at the neck of the sac, the cause of the strangulation does not originate in the sac itself, but is due to forces resident in the structures about the sac, *e. g.*, to pressure, or other sources of irritation, which may compress the walls of the sac, or, by occasioning inflammation and consequent plastic effusion, diminish its capacity at the expense of the bowel, and produce adhesion between the two.

Respecting the direction in which the incision should be made through the stricture when this is at the neck of the sac, Mr. Maclise maintains, after acknowledging Sir A. Cooper's suggestion that the incision be made directly upwards, "that an incision carried *obliquely upwards* towards the umbilicus would be much more likely to avoid the epigastric artery through all its varying relations."

The next chapter is entitled "Demonstrations of the nature of congenital and infantile inguinal hernia, and of hydrocele." The commentary is illustrated by nine drawings. It forms an essential part of the subject of hernia. Commencing with the original situation of the testicle just below the kidney, and tracing it down into the scrotum, the author shows, from anatomical considerations, how the descent of the bowel is possible or probable, or even unavoidable; how such an accident is guarded against by nature, and, if it should occur, the different forms which it may assume. Hydrocele is also treated of in the same manner. In both affections, the surgical anatomy of the parts concerned is very clearly described.

Following this, we have a number of very neat drawings, exhibiting "the origin and progress of inguinal hernia in general," forming with the commentary an exposition of the mode in which protrusion of the bowel takes place, not only in the most ordinary forms, but in those which are unusual, and which, consequently, are apt to be least understood. Amongst the variations referred to are those instances in which the peritoneum, closing the internal ring, is sometimes ruptured by the descending bowel, sometimes merely pouched before it; in which the serous canal, immediately enclosing the spermatic cord, or the round ligament, remains pervious, thus admitting the gut to enter and traverse it through the whole or a part of its length, constituting "the congenital inguinal hernia;" in which a sort of subsidiary serous spermatic tube exists, "the canal of Nuck," being, as it were, a duplicature of the true serous investment of the cord, and receiving into its open mouth the descending bowel; in which the proper serous tube is closed only at the internal ring, and is afterwards dilated by a hernia which descends and pushes before it a pouch of peritoneum, thus furnishing the bowel with a double serous investment, in which the inguinal canal and cord become multicapsular. In connection with these peculiarities, there must of course be corresponding modifications in the anatomical condition of the parts which are of importance to the operator. These departures are commented upon by Mr. Maclise in a very happy manner.

The subject of inguinal hernia having been thus thoroughly discussed, the author next devotes particular attention to femoral hernia. The first chapter on this topic is entitled "the dissection of femoral hernia, and the seat of stricture." He advances no novelty; but the description which he gives seems to us to be as clear and succinct as it can be made. All confusion and unnecessary multiplication of terms are avoided; and the accompanying drawings are very beautifully executed, and constitute really illustrations of the text and of nature.

But, in order to exhibit more fully, and from many points of view, the subject in question, we are favoured with another chapter, which unfolds the mode of origin and progress of femoral hernia, together with its diagnosis, the taxis, and the operation.

In concluding our cursory notice of the contents of the third part of Mr. Maclise's work, we must again express our satisfaction at the manner in which the author has treated the subject of hernia. His commentary is simple and to the point, and the drawings with which he illustrates nature are exceedingly well designed for his purpose, and many of them are, if we are not mistaken, original with the author. F. W. S.

Art. XV.—*A Treatise on the Pathology, Diagnosis, and Treatment of Neuroma.* By Robert W. Smith, M.D., T.C.D., M.R.I.A. Folio, pp. 30, with plates. Dublin: Hodges and Smith, 1849.

The pathology of the nervous system is probably more difficult of investigation, as well as less understood, than that of any other branch of special pathology; yet it is not, surely, one of the least important. It is therefore a subject of congratulation, among all who are at all interested in this study, that Mr. Smith has directed his attention to it, since they have a right to entertain the most confident hopes that the patient and well-conducted observations, with the integrity of purpose and of judgment, which have thrown so much light upon other subjects of surgical inquiry, will also elucidate this.

In the British medical journals, and in the reports of the transactions of medical societies in Great Britain, records of cases of neuroma may be found, and valuable essays upon this subject; but we believe that this volume of Mr. Smith is the only monograph on this singular affection in our language. The German and French, however, have been more prolific. Mr. Smith's book is the result of his own personal investigations of cases of the disease, and of a careful examination of the contributions of others, of which he gives an elaborate enumeration.

The term *Neuroma* seems to have been introduced into medical nomenclature by M. Odier, of Geneva, in the year 1803, and signifies a tumour connected with a nerve. In his discussion of the subject, Mr. Smith arranges neuromatous tumours in two classes: first, those which are idiopathic; and, secondly, those which are the result of wounds or other injuries of nerves. "Among the latter, may be included the tumours which form upon the extremities of nerves divided in amputations. In the *idiopathic* variety of the disease, there is, in general, but a single tumour, which, whether it be solid or composed of a cyst filled with fluid, is usually painful; but, when several such tumours exist, either upon the same or upon different nerves, they are, in most instances, solid, and free from pain. The *traumatic* varieties of neuroma, whether solid or fluid, are, in almost all cases, the source of severe suffering."

The general characters and symptoms of neuroma, of both varieties, are detailed at considerable length. The *idiopathic* neuromata are described as oval or oblong in shape, having their long axis in the direction of the nerve to which they are connected. In size, they vary from that of a pin's head to that of a melon, or even larger than this. There may be either one or many on the same nervous trunk; and they sometimes exist simultaneously on all the spinal nerves. They are rarely met with in the ganglionic system. "They are generally solid throughout; but, in some instances, they are composed of a cyst filled with fluid. They are of slow growth, but continue steadily to enlarge, although years may elapse before they attain such a size as to make them the source of inconvenience. They are movable in the transverse direction, but